PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032
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of a collection of information unless it displays a valid OMB control number.

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| | for | FY | 2004 | ļ |

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

JUL 1 2 2004

| (\$) | 750 |
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| sportu to a collection of information unless it displays a valid Civib control number. | | | | |
|--|------------------|--|--|--|
| Complete if Known | | | | |
| Application Number | 09/902,540 | | | |
| Filing Date | 07/10/2001 | | | |
| First Named Inventor | Barry S. Goldman | | | |
| Examiner Name | Carolyn L. Smith | | | |
| Art Unit | 1631 | | | |
| Attorney Docket No. | 38-10(15849)B | | | |

| METHOD OF PAYMENT (check all that apply) FEE CALCULAT | FEE CALCULATION (continued) | | | |
|---|--|--|--|--|
| Check Credit card Money Other None 3. ADDITIONAL FEES | 3. ADDITIONAL FEES | | | |
| Order Large Entity Small Entity | Large Entity Small Entity | | | |
| Deposit Account: Deposit Louis Fee Fee Fee Fee Code (\$) Code (\$) | scription | | | |
| Account 134125 | ing fee or gath | | | |
| Number | rovisional filing fee or | | | |
| Account Name cover sheet | | | | |
| The Director is authorized to: (check all that apply) | i i | | | |
| Charge fee(s) indicated below Credit any overpayments | for ex parte reexamination | | | |
| Charge any additional fee(s) or any underpayment of fee(s) 1804 920* 1804 920* Requesting public Examiner action | ation of SIR prior to | | | |
| Charge fee(s) indicated below, except for the filing fee 1805 1,840* 1805 1,840* Examiner action | ation of SIR after | | | |
| to the above-definited deposit account. | y within first month | | | |
| FEE CALCULATION 1252 420 2252 210 Extension for res | y within second month 420 | | | |
| 1. BASIC FILING FEE Large Entity Small Entity 1253 950 2253 475 Extension for rep | y within third month | | | |
| Fee Fee Fee Fee Fee Description Fee Paid 1254 1.480 2254 740 Extension for rec | y within fourth month . | | | |
| Code (\$) Code (\$) | · | | | |
| 1001 770 2001 385 Utility filing fee 1293 2,010 2233 1,003 Extension for fet 1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal | | | | |
| 1003 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in s | pport of an appeal 330 | | | |
| 1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral | | | | |
| | e a public use proceeding | | | |
| 1452 140 2452 EE Politica to revisio | ' ' | | | |
| 1453 1,330 2453 665 Petition to revive | - unintentional | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (| or reissue) | | | |
| Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee | | | | |
| Total Claims -20** = X = 1503 640 2503 320 Plant issue fee | | | | |
| Claims - 3" = - 1460 130 1460 130 Petitions to the 0 | ommissioner | | | |
| Multiple Dependent = 1807 50 1807 50 Processing fee of | nder 37 CFR 1.17(q) | | | |
| Pro Pro I Pro Pro Pro Pro Propositation | ormation Disclosure Stmt | | | |
| Code (\$) Code (\$) 8021 40 8021 40 Recording each property (times n | atent assignment per umber of properties) | | | |
| 1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 Filing a submissi | on after final rejection | | | |
| 1201 86 2201 43 Independent claims in excess of 3 (37 ČFR 1.129(a | | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional examined (37 Cl | | | | |
| | tinued Examination (RCE) | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 1802 900 Request for expand over original patent | edited examination cation | | | |
| SUBTOTAL (2) (\$) Other fee (specify) | Other fee (specify) | | | |
| | BTOTAL (3) (\$) 750 | | | |

SUBMITTED BY (Complete (if applicable)) Registration No. 29,938 Telephone 860-572-5274 Name (Print/Type) Thomas E. Kelley July 8, 2004 Date Signature

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